

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

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1400 E. Washington Avenue
Madison, WI 53703
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Website: <http://drl.wi.gov>

HEARING AND SPEECH EXAMINING BOARD

AUDIOLOGIST

REQUEST FOR VERIFICATION OF CERTIFICATION

APPLICANT: PLEASE COMPLETE THIS FORM AND **FORWARD** TO THE AMERICAN
SPEECH-LANGUAGE HEARING ASSOCIATION AT THIS ADDRESS:

AMERICAN SPEECH-LANGUAGE HEARING ASSOCIATION
10801 Rockville Pike
Rockville, MD 20852
(301) 897-5700

NAME OF APPLICANT

NESPA I.D. # / SOCIAL SECURITY #*

ADDRESS

DAYTIME PHONE NUMBER

CITY, STATE AND ZIP

DATE OF BIRTH

NAME ON CERTIFICATION RECORDS
IF DIFFERENT FROM ABOVE

MONTH/YEAR OF EXAMINATION

MONTH/YEAR OF CERTIFICATION

APPLICANT'S SIGNATURE

(DATE)

ATTENTION: AMERICAN SPEECH-LANGUAGE HEARING ASSOCIATION

Please submit to the **State of Wisconsin** evidence that the individual named above has successfully completed the NESPA examination and completed a post-graduate clinical fellowship year; or verification of certification of clinical competence.

PLEASE MAIL EVIDENCE REQUESTED TO THE FOLLOWING ADDRESS:

Department of Regulation & Licensing
Hearing and Speech Examining Board
P.O. Box 8935
Madison, WI 53708-8935

*For use in locating your records.

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Ch. 459, Stats.

Committed to Equal Opportunity in Employment and Licensing